PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE
Commissioner for Patents
Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE	FILING DATE 08/28/2001	T 2 3 2003 RADEMARKO	FIRST NAMED INVENTIMOTHY A. Sulliv	Note: A certificate of Fee(s) Transmittal. The papers, Each additional have its own certificate. Cert hereby certify that the States Postal Service addressed to the Maintransmitted to the USP Jan Hos Jan Hos TOR	mailing can only be used its certificate cannot be used all paper, such as an assignme of mailing or transmission. rtificate of Mailing or Transmis Fee(s) Transmittal is being with sufficient postage for fill Stop ISSUE FEE address TO, on the date indicated be tasa ATTORNEY DOCKET NO. 24903A	ismission ng deposited with the United irst class mail in an envelope s above, or being facsimile
APPLN. TYPE	SMALL ENTITY	ISSUE FE	SE PI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300		\$300	\$1600	12/11/2003
					1	
EXAMINER HOFFMANN, JOHN M		ART UNI 1731		065-495000	J	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNMENT OWERS Corning	on (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO E an assignee is identified be d to the USPTO or is being EE	BE PRINTED ON Toolow, no assignee do submitted under sep (B) Technological	agent) and the na attorneys or agent will be printed. HE PATENT (print on the parate cover. Complete) RESIDENCE: (CITOSY, Inc.	e patent. Inclusion of astion of this form is NOT Y and STATE OR COU	ssignee data is only appropria substitute for filing an assumption of the state of	iate when an assignment has signment.
Please check the appropriate 4a. The following fee(s) are			Payment of Fee(s):	individual is	orporation or other private g	roup entity
XIssue Fee XPublication Fee XAdvance Order - # of € Director for Patents is reques	Copies1		☐ A check in the am ☐ Payment by credit ☐ The Director is h Deposit Account Nu		is attached. parge the required fee(s), or (enclose an extra or	credit any overpayment, to copy of this form).
(Date) NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant: a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.				10/27/2003 01 FC:1501 03 FC:8001	RETZUNES 00000216 50 1330.00 DA 3.00 DA	09941077

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.